



## REQUEST FOR NAME and/or ADDRESS CHANGE

- FOR A NAME CHANGE REQUEST, SUBMIT A COPY OF LEGAL PROOF WHICH DOCUMENTS THE CHANGE •

Check Appropriate Box: ☐ NAME CHANGE ☐ ADDRESS CHANGE

Your Name: \_\_\_\_\_  
First Last Middle Initial

Social Security Number: --

### NAME CHANGE

Your Name: \_\_\_\_\_  
First Last Middle Initial

Reason for Change: ☐ Married ☐ Divorced ☐ Personal Choice

### ADDRESS CHANGE

Old Address: \_\_\_\_\_  
Street Address City State Zip Code

New Address: \_\_\_\_\_  
Street Address City State Zip Code

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code

If you have relocated outside of Michigan, will it be for more than 4 weeks? ..... ☐ Yes ☐ No  
(If you answered "Yes," your file will be transferred to the Interstate Benefit Unit.)

I know the law provides penalties of fine and/or imprisonment and/or community service for any false statement(s). I certify that the information reported on this form is true and correct to the best of my knowledge.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN COMPLETED FORM TO: UIA, P.O. BOX 5050, SAGINAW, MI 48605-5050, FAX: (989) 758-1986

### • FOR UIA USE ONLY •

DO NOT SIGN UNTIL YOU HAVE ENTERED THE UPDATED INFORMATION INTO THE SYSTEM.

Staffperson's Signature: \_\_\_\_\_ Data Entry Date: \_\_\_\_\_